

Statewide and Community-Level Health Status Indicator Data : InstantAtlas and IBIS-PH

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Prepared for the Alaska Healthcare Commission



Overview

1. What is the role of local data in health improvement efforts?
2. What is available now--local and statewide?
3. What are the gaps and limitations?
4. What is the AK DHSS vision for improved data access?

The Value of Local Health Data

- A tool for improving your community's health by **identifying resources** and **setting priorities**.
- *the SPARK PLUG for your local health improvement ENGINE!* (from Community Health Status Indicators project)
- *Achieving gains in the nation's health will require a robust and useful set of indicators that are made available both nationally and locally, and can **promote impactful strategies and actions** by the US health system.* (from the IOM's report: *For the Public's Health*)

Take Action

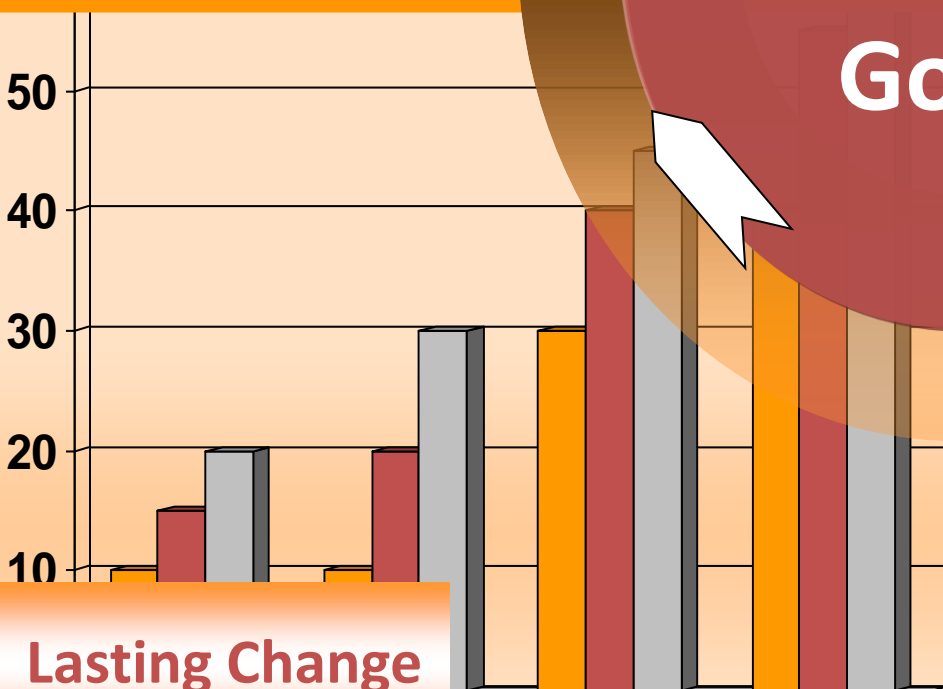
WORK TOGETHER



Information

Collaboration

**Shared
Community
Goals**



**Coordinated
Investments**

Lasting Change

How Communities Can Use Local Data

- Celebrate successes
- Learn from neighboring regions
- Drive the discussion of health as a community priority
- Help prioritize among many health goals
- Build community partnerships
- Include data as part of existing health community assessment efforts (e.g., MAPP)

Current Data Resources—Statewide

- ✓ Behavioral risk factor data (youth and adults)
- ✓ Alaska Bureau of Vital Statistics web & print reports (state, census area/borough)
- ✓ *AK Health Care Data Book (2007)*
- ✓ DPH Health Status Indicators Report
- ✓ *Alaska Maternal and Child Health Data Book*
- ✓ *Alaska Scorecard (Comprehensive Mental Health Plan)*
- ✓ *Epidemiology Bulletins*
- ✓ Various periodic program-specific reports

Current Resources—Community-Level

- ✓ *Alaska Health Care Data Book 2007* – contains census area/borough level data organized by labor market area where available (also used by Public Health Nursing and Communities for MAPP Projects)
- ✓ One-off reports to MOA, KPB, FNSB, Mat-Su
- ✓ Regional tobacco fact sheets (1-time)
- ✓ Health Care Directories

No *system* in place to meet recurring needs of communities

BRFSS Annual Report

Health Risks in Alaska Among Adults



Alaska Behavioral Risk Factor Survey 2008 Annual Report



State of Alaska
Sean Parnell, Governor

Department of Health and Social Services
Bill Hogan, Commissioner

DHSS

 **BRFSS**
Behavioral Risk Factor Surveillance System



Alcohol Use – Heavy Drinking



Alaska Behavioral Risk F

- **Indicator:** Proportion of males having more than 2 drinks per day or females having more than 1 drink per day in the past 30 days. Note: prior to 2001, the threshold for heavy drinking (previously called Chronic Drinking) was an average of greater than 60 drinks in the past 30 days for both men and women.

- **Data source:** 2008 Alaska Standard and Modified BRFSS surveys combined

BRFSS Questions:

- During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
- During the past 30 days, how many days per week did you have at least one drink of any alcoholic beverage?
- One drink is equivalent to a 12-ounce beer; a 5-ounce glass of wine; or a 1.5-ounce shot of liquor. In the past 30 days, on the days when you drank, how many drinks did you have?

How are we doing?

- In 2008, 6.5% of Alaskan adults reported heavy drinking

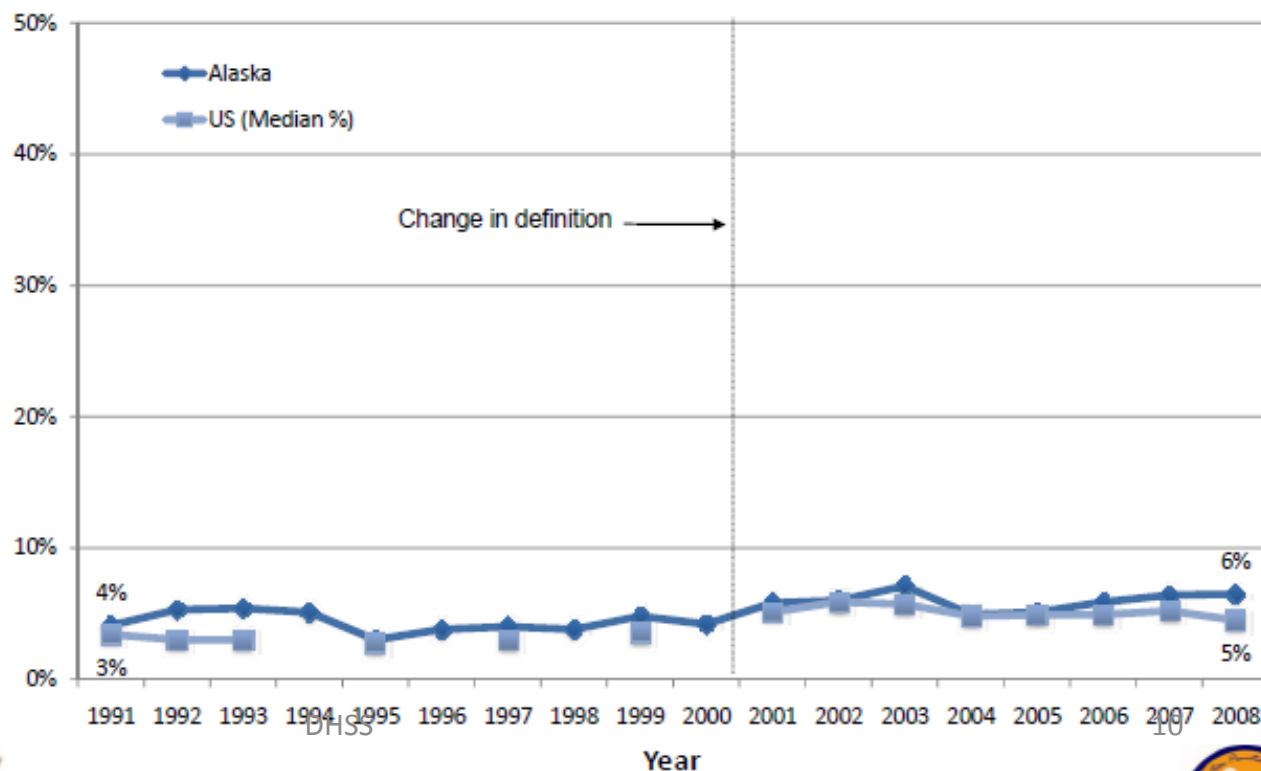
How does Alaska compare with the US?

- From 1991 to 2008 the prevalence of heavy drinking in Alaska was consistently higher than the US median.
- In 2008, the prevalence of heavy drinking was slightly higher in Alaska than the US median.

How are different populations affected?

- Alaskans age 65 years and older were classified as heavy drinkers at a higher rate than those age 18 to 24 years.
- In 2008, respondents in the >= 200% of poverty group had a significantly higher prevalence of heavy drinking than those in the < 200% of poverty group.

Heavy/Chronic Drinking: Alaska vs. Nationwide 1991 - 2008 Alaska BRFSS

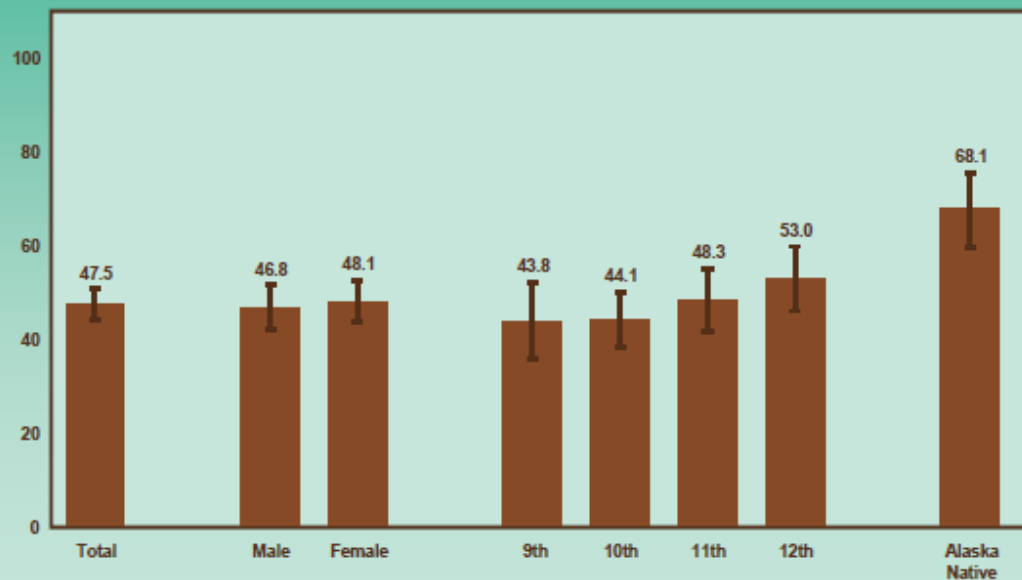


YRBS Online Charts, Reports

2009 Youth Risk Behavior Survey Results

Alaska High School Survey

Percentage of students who ever tried cigarette smoking, even one or two



QN28 - Weighted Data

*Non-Hispanic.

Missing bars indicate less than 100 students in the subgroup.



Alaska Youth Risk Behavior Survey 2003



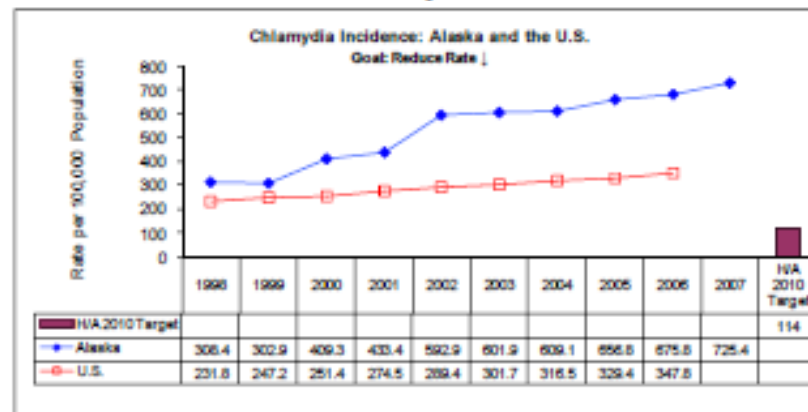
Division of Public Health Annual Health Status Indicators Report

Alaska Health Status Indicators 1998-2007

Compiled by the Alaska Division of Public Health

Published December 2008

Infectious Disease Indicator: Chlamydia Incidence



Data Source: Alaska – Section of Epidemiology; U.S. – CDC

Current Issues and Trends

Rates of chlamydia infection have risen steadily in Alaska and the U.S. In recent years, and Alaska's rate has been nearly twice the U.S. rate since 2002. This is likely due, in part, to Alaska's comparatively younger population. Several factors increased chlamydia detection in Alaska after 1999. Beginning in 2000, partner notification activities were strengthened in Anchorage and subsequently in some other geographic areas, targeting testing to those individuals most likely to be infected. New testing technology introduced by the State Public Health Laboratory in 2002 was more sensitive than prior tests, detected more infections, and allowed specimens to be tested for both chlamydia and gonorrhea. The new technology also increased screening since it allowed use of urine specimens (making screening more acceptable to males and feasible in non-clinical settings) and shipping of specimens from outlying areas.

Targeted screening and timely partner notification (with testing and treatment) are all necessary to interrupt transmission and avoid re-infection of previously treated individuals. These activities have helped slow increases in infection rates since 2002 and remain public health priorities to prevent new infections.

Data Limitations

Chlamydia infection is often asymptomatic in females and males. The number of reported infections is likely an underestimate. It is difficult to determine if the rise in reported cases represents a true increase in disease incidence, increased screening, improved reporting, increased partner services and testing – or all of these factors.

Health Care Data Book

Alaska Health Care Data Book

Selected Measures, 2007



Alaska Department of Health & Social Services
Health Planning & Systems Development
November 2007



- Demographics, Social and Economic Profiles
- Population Health Status and Risk Profiles
- Health Care Workforce and Shortages
- Health Care Resources

Physicians

Table 3.010

Licensed Physician and Physician Assistant Workforce, by Type, by Region. 2007

Region/Census Area	Licensed Physician	Licensed Osteopath	Physician Assistant	Totals
Statewide Totals	1,434	111	284	1,829
Anchorage/Mat-Su	945	69	136	1,150
Anchorage	853	55	112	1,020
Matanuska-Susitna	92	14	24	130
Gulf Coast	102	15	28	145
Kenai Peninsula	74	12	19	105
Kodiak Island	22	3	3	28
Valdez-Cordova	6	0	6	12
Interior	163	15	52	230
Denali	0	1	1	2
Fairbanks North Star	159	13	43	215
Southeast Fairbanks	4	1	3	8
Yukon-Koyukuk	0	0	5	5
Northern	18	3	17	38
Nome	9	1	11	21
North Slope	4	2	5	11
Northwest Arctic	5	0	1	6
Southeast	171	5	28	204
Haines DHSS	5	1	1	13
Juneau	84	0	9	93
Ketchikan Gateway	26	0	0	26

Other Statewide, Regional Resources



Some print, some web-based

State of Alaska Epidemiology **Bulletin** Vital Statistics

Department of Health and Social Services
William H. Hogan, MSW, Commissioner

3601 C Street, Suite 540
Anchorage, AK 99503 <http://www.epi.state.ak.us>

2009 Annual (

Disease Name
AIDS*
Anthrax
Botulism, foodborne
Campylobacteriosis
Chickenpox
<i>Chlamydia trachomatis</i> infection
Cryptosporidiosis
Echinococcosis
<i>Escherichia coli</i> O157:H7 infection
GAS invasive disease
GBS invasive disease
Giardiasis
Gonorrhea
<i>Haemophilus influenzae</i> invasive disease
Hepatitis A
Hepatitis B
Hepatitis C**
HIV infection (includes AIDS cases above)*
Legionellosis
Leprosy (Hansen disease)

Public Health > Vital Statistics > Data and Statistics

Chronic Disease Deaths by Census Area

1995-2008

Choose a specific census area or borough by clicking on the appropriate area on the map or from the links below. You may also choose the link for all census areas which will provide a complete listing of all the areas together.



Healthy Alaskans 2010

Targets and Strategies for Improved Health

Volume I: Targets for Improved



Alaska Department of Health & Social Services
Division of Public Health
April 2002



Comprehensive Integrated Mental Health Plan: 2006-2011

Healthy Alaskans 2010
Volume II: Strategies for Improved Health



**Creating Healthy
Communities:
An Alaskan
Talking Circle**

Alaska Department of Health & Social Services
Division of Public Health
November 2002

Health-related data crosses departments, divisions, and programs

- **Alaska Scorecard** of key indicators
- Developed for presentations to legislature
- “Drill down” provides trends and links to other resources

Alaska Scorecard

Key Issues Impacting
Alaska Mental Health Trust Beneficiaries

Satisfactory

Uncertain

Needs Improvement

Key Population Indicators for Alaska

	U.S. Data	Alaska Data: Previous Year	Alaska Data: Most Current	2012 Alaska Target	Status
Health					
Suicide					
1 Suicide rate per 100,000					
2 Non-fatal suicide attempts (rate per 100,000)	10.8 (2007)	23.1	24.6 (2008) no new data	18.0	
Substance Abuse					
3 Alcohol-induced deaths per 100,000	54.5	104.9		95.0	
4 Adults who engage in heavy drinking	6.9	21.4	21.1	17.0	
5 Adults who engage in binge drinking	5.1%	6.4%	6.5%	5.2%	
6 Illicit drug users (age 12 and older)	15.5%	19.2%	16.1%	18.0%	
Mental Health					
7 Days of poor mental health in past month (adults)	8.1%	11.1%	10.7%	10.0%	
8 Teens who experienced depression during past year	3.3	3.2	3.3	3.0	
Access					
9 Population without health insurance	28.5% (2007)	26.9%	25.2% (2009)	22.5%	
Safety					
10 Children abused and neglected (rate per 1,000)	15.4%	18.2%	19.8%	14.6%	
11 Injuries to elders due to falls — rate per 100,000	10.6	19.0	17.2	12.3	
12 Hospitalized non-fatal traumatic brain injury per 100,000	1,162 not avail.	1,369 87.3	1,357 81.1	1,176 82.0	
Justice					
13 Percent of incarcerated adults with mental illness or mental disabilities	38.7%	42.0%	no new data	40.0%	
14 Criminal recidivism rates for incarcerated adults with mental illness or mental disabilities	not avail.	36.2%	no new data	34.0%	
15 Percent of arrests involving alcohol or drugs (State Troopers)	not avail.	58.4%	58.2%	not avail.	
Living with Dignity					
Accessible, Affordable Housing					
16 Rate of chronic homelessness per 100,000	41.1 (2007)	91.8	66.6 (2009)	63.5	
Educational Goals					
17 High school graduation rate	69% (2006)	63.0%	62.6% (2008)	not avail.	
18 Percent of youth who received special education and are employed and/or enrolled in post-secondary education one year after leaving school	not avail.	68.4%	69.1%	71.4%	
Economic Security					
19 Percent of minimum wage income needed for average 2-bedroom housing	not avail.	84.8%	85.5%	30.0%	
20 Average annual unemployment rate	5.8%	6.2%	6.7%	not avail.	
21 Percent of SSI recipients with blindness or disabilities who are working	5.5%	7.1%	7.0%	8.0%	

Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

Trust Beneficiary Population	Number (and population rate)
Serious Mental Illness (ages 18+)	21,754 (4.6%)
Serious Emotional Disturbance (ages 0 to 17)	12,725 (6.0%)
Alzheimer's Disease and Related Disorders (ages 55+)	7,190 (5.8%)
Brain injury (all ages)	11,900 (1.8%)
Developmental disabilities (all ages)	12,235 (1.8%)
Dependent on alcohol (ages 12 to 17)	1,000 (3.6%)
Dependent on alcohol (ages 18+)	20,000 (4.2%)

Alaska Scorecard, December 2009 | www.hss.state.ak.us/dhcs/healthplanning/scorecard/ | Page 1

Alaska Scorecard, December 2009 | www.hss.state.ak.us/dhcs/healthplanning/scorecard/ | Page 1

What are gaps and limitations?

- **Resource constraints** limit updates to printed reports and websites
- Communities want **local data**
 - Resources insufficient to make local data available
 - Some data has to be suppressed due to small populations
- **Mapping** options are not yet available for DHSS web pages
- No system in place to meet **recurring needs** of communities

A Vision for Health Data Dissemination

- **Web-based data dissemination system**
 - Indicator-Based Information System for Public Health (IBIS-PH)



IBIS-PH

Utah's Indicator-Based Information System for Public Health

[Home](#)[Publications](#)[Indicator Reports](#)[Dataset Queries](#)[Contents and Usage](#)[News/Updates](#)[About IBIS-PH](#)[About Public Health](#)[Links](#)[Help](#)[Contact Information](#)

Welcome to IBIS-PH; Utah's Public Health Data Resource

You are Here: [IBIS-PH](#) > [Home](#) > current page

Welcome to the State of Utah's, Department of Health, Indicator-Based Information System for Public Health (IBIS-PH). This site provides statistical numerical data as well as contextual information on the health status of Utahns and the state of Utah's health care system.

Getting Started

The tabbed navigation menu located toward the top of this page is organized by the types of content available on this site. To get started click on the desired tab. This will take you to an introduction page specific to that section of the site. A "Content and Usages" type page is also available in each section that describes in more detail the type of data available in that section and how that data it is intended to be used. Listed below is a brief description of each of the main sections available on this site.

- [Home](#) - This section of the site contains general information about the IBIS-PH website, Utah's Public Health data, and other general topic pages.
- [Publications](#) - Utah Department of Health publications are designed to answer the most common and frequently asked questions concerning current Utah Health issues. This section contains indexes to the various UDOH publications and links to various UDOH Office web pages.
- [Indicator Reports](#) - The Indicator Profile Reports section of the IBIS-PH website contains reports on health indicators. These reports are focused on providing more detailed numerical and contextual data information than is typically found in published reports yet is still somewhat frequently requested.
- [Dataset Queries](#) - This section of the IBIS-PH website allows for custom queries of public health numerical datasets. It is intended to allow a user to be able to get specific publicly available, deidentified numerical data based on user defined filtering criteria.

IBIS-PH

- Benefits
 - “One stop shopping” --appropriate to the breadth of public health data
 - Efficiency--alleviates demand for one-off reports, analyst time
 - Puts data in the hands of more users
 - Presents data in multiple ways
 - pre-defined one-pagers
 - active query capabilities
 - Links to maps
 - “Free ware” with Community of Practice for support
 - ***Makes local data more easily accessible***

IBIS-PH

- Investments thus far
 - Server and analysis software
 - Training
 - Staff time
- What it would take to fully support IBIS-PH
 - Increased personnel
 - Expert TA
 - Additional software and hardware
 - Coordination with IT and network support

IBIS-PH

- Demo



[Welcome](#)

[Contents and Usage](#)

[News/Updates](#)

[About NM-IBIS](#)

[Contact Us](#)

Welcome to NM-IBIS -- New Mexico's Public Health Data Resource

You are Here: [NM-IBIS](#) > [Home](#) > current page

Welcome to the State of New Mexico's, Department of Health, Indicator Based Information System for Public Health (NM-IBIS). This site provides access to public health datasets and information on New Mexico's priority health issues.

Getting Started

Use the four tabs at the top of the page to navigate to content on this site. Under each tab is an introduction page, and a "Content and Usage" page that describes the site content in more detail.



Background & HOME

- [Contents & Usage](#)
- [Acknowledgments](#)
- [Contact Us](#)



Health Status INDICATORS

- Brief, Up-to-date Reports
- Graphs
- Community Reports



Custom Dataset QUERIES

- User-defined Queries
- Data Tables
- Graphs



Help & RESOURCES

- [Glossary & Index](#)
- [Public Health Measures](#)
- [Powerpoint Slides](#)

Please see the main [Contents and Usage](#) page for more information about each of these sections.

News and Updates



For the latest news and system updates, please go to the News and Updates page which lists the most recent publications, new or updated indicator profile reports, new or updated query datasets, and any general website functionality changes.

Questions, Concerns, and Feedback

Please feel free to [contact us](#) if you have any questions, concerns, or suggestions. Your feedback is very valuable in helping us provide a site that meets your data needs.

[Important Facts](#)[Graphical Views](#)[Related Indicators](#)[Available Services](#)[Other Resources & Links](#)[Complete Profile](#)

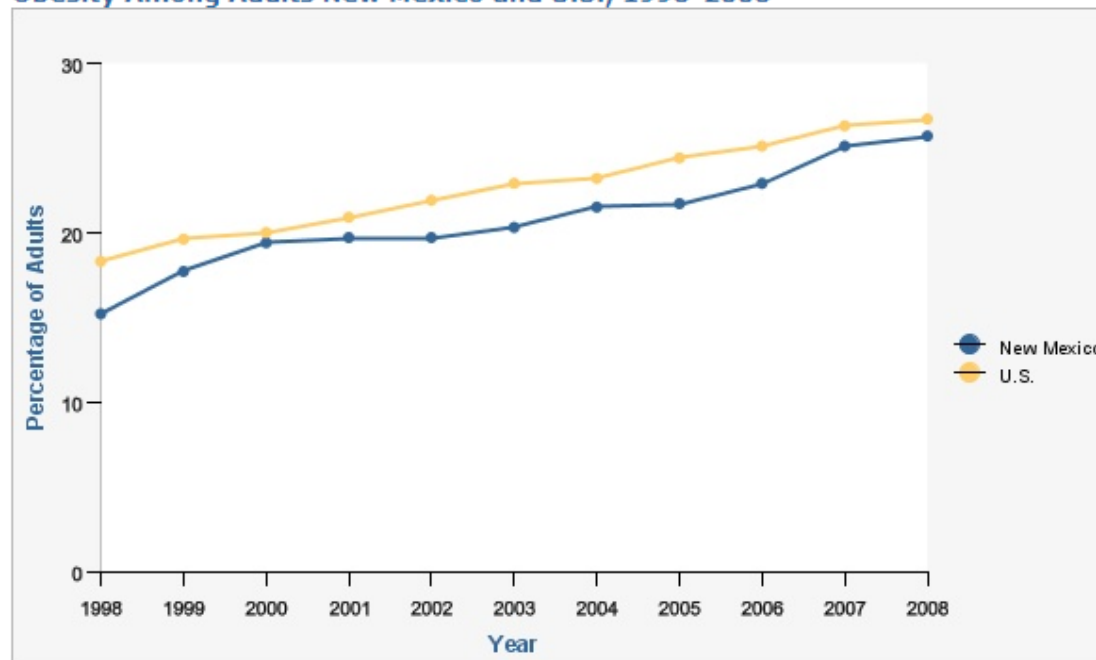
Indicator Report for Obesity: Adult Prevalence

You are Here: [NM-IBIS](#) > [Indicator Reports](#) > current page

Why Is This Important?

Obesity is associated with an increased risk for a number of chronic diseases, including heart disease, stroke, diabetes, and some cancers (endometrial, colon, kidney, esophageal, and post-menopausal breast cancer.) In both New Mexico and the United States, the percentage of adults who are obese, based on telephone survey data, has more than doubled since 1990. Excess weight also contributes to the development of arthritis, a chronic disease that is the leading cause of disability amongst adults in the nation and the state. An estimated \$324 million is spent in New Mexico annually on adult obesity-attributable medical expenditures; of these, \$51 million is spent within the Medicare population, and \$84 million is spent within the Medicaid population.

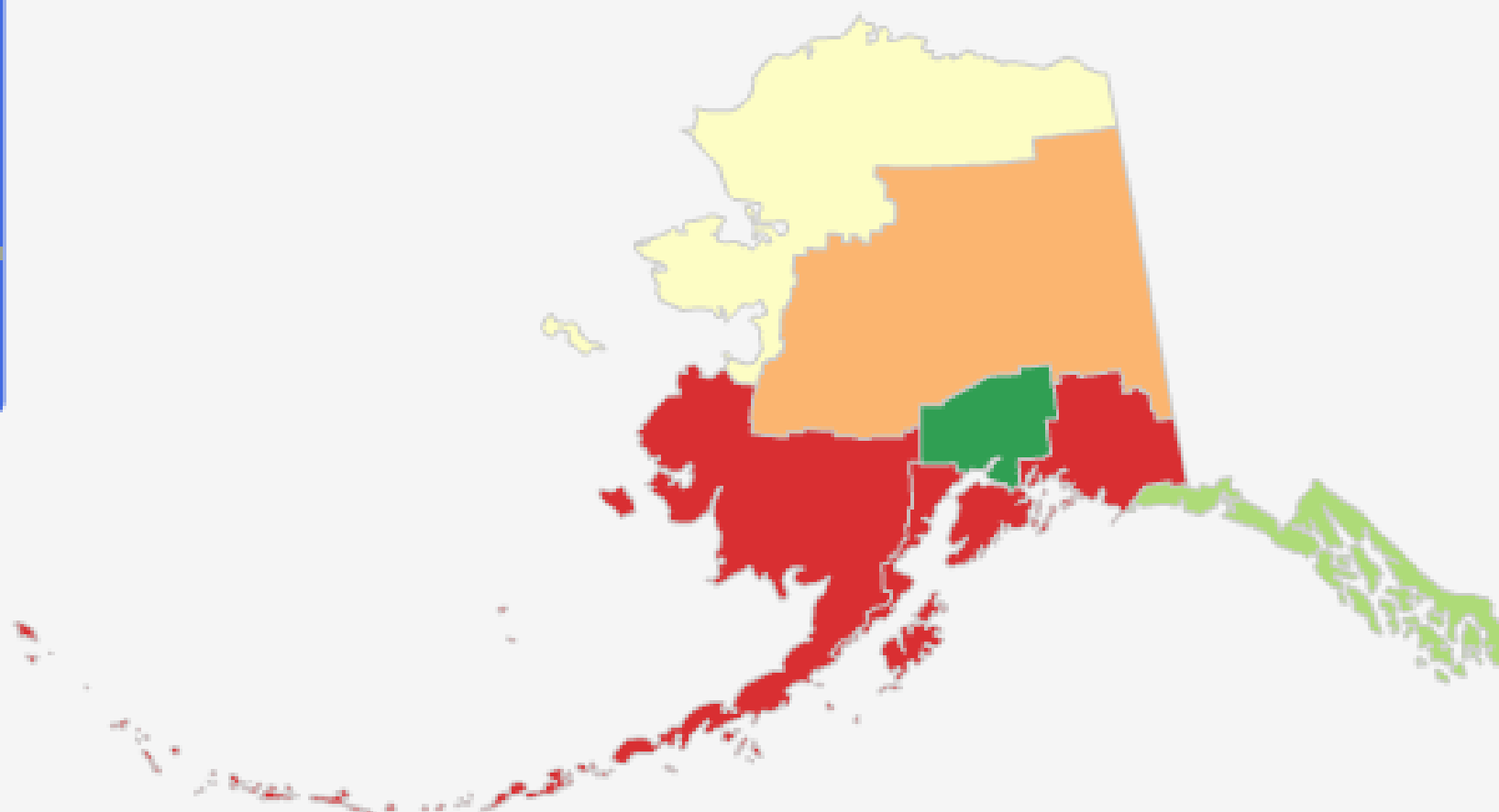
Obesity Among Adults New Mexico and U.S., 1998-2008

[View Graph Values](#)

Data Notes

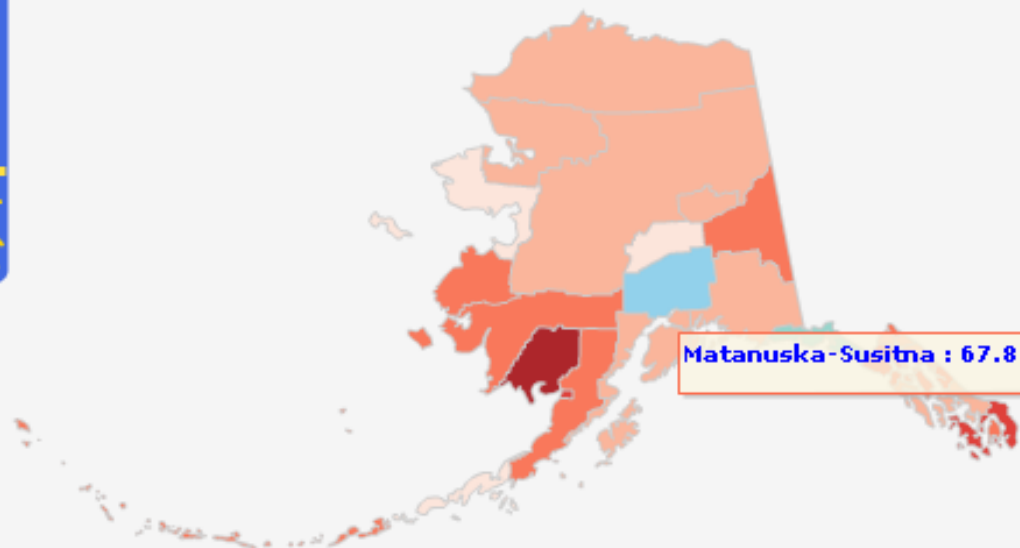
Obese is defined as having a Body Mass Index (BMI) equal to or greater than 30.0 kg/m². BMI is calculated as: $[[\text{weight (in pounds)} / [\text{height (in inches)}]^2] \times 703]$. U.S. data is presented as median percent across participating States and the District of Columbia (DC). NM data generated from NM BRFSS; U.S. data generated from all states' BRFSS as compiled by the Centers for Disease Control and Prevention.

Alaska Regions - Use SELECT REGIONS to Change



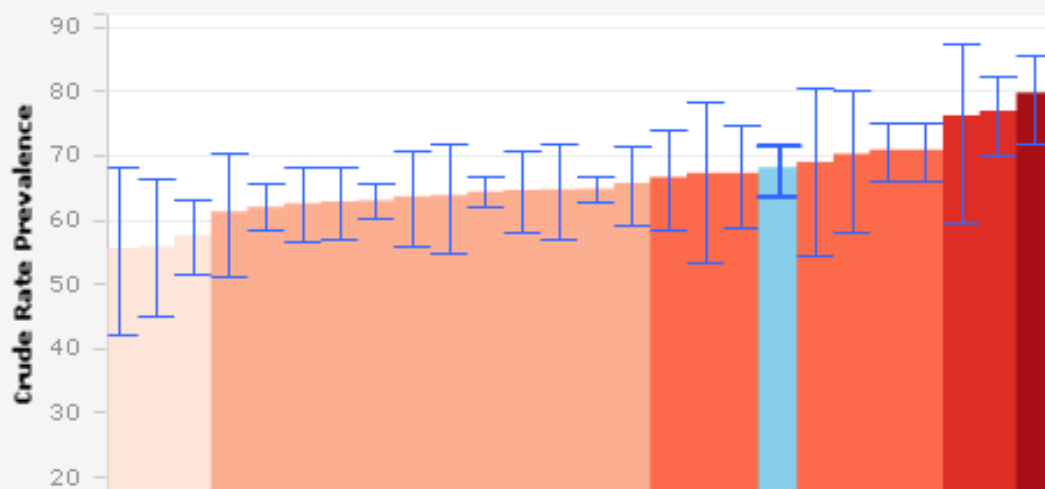
Alaska Health Survey Laboratory

Alaska Regions - Use SELECT REGIONS to Change



Alaska Health Survey Laboratory

Sorted Regions with 95% Confidence Intervals



Thank You

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